

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101150

1. Entity Name

~~JOHN G. ALDEN SPECIAL RISKS, INC.~~ JOHN G. ALDEN SPECIAL RISKS, INC.
~~XXXXXXSPECIAL RISKSXXXXXX~~

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-09-2000 90074 047 ***150.00

Principal Place of Business

Mailing Address

1300 SE 17TH ST., SUITE 220
FT LAUDERDALE FL 33316

1300 SE 17TH ST., SUITE 220
FT LAUDERDALE FL 33316-1721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0970371

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ESPIES, KEVIN J ESQ
1212 SOUTHEAST FIRST AVENUE
FT LAUDERDALE FL 33316-1802

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATLASS, FRANK 1300 SE 17TH ST., SUITE 220 FT LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATLASS, FRANK 1300 SE 17th St., Suite 220 FT. LAUDERDALE, FL 33316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES GALLAUDET 1300 S. E. 17th St. Suite 220 Ft. Lauderdale, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY K. ATLASS 1300 S.E. 17th St. Suite 220 FT. LAUDERDALE, FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FRANK ATLASS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2000

Date

(954) 525-0582

Daytime Phone #

CR2E034 (9/99)